



# ST.THOMAS AQUINAS PRIMARY SCHOOL, NORLANE

## Anaphylaxis Management Policy

As per this policy, the school will comply with Ministerial Order 706 and the associated Guidelines in Anaphylaxis Management in Schools (DEECD), as well as with future amendments from time to time.

### Rationale:

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

### Purpose:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding
- To facilitate the communication required to ensure the appropriate implementation of all procedures.

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## Individual Anaphylaxis Health Care Plans

An Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable,
- if the student's condition changes,
- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo,
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.

The Individual Anaphylaxis Health care Plan consists of the Individual Anaphylaxis Management Plan and the ASCIA Action Plan for anaphylaxis. (Appendix 1 & 2)

Individual Anaphylaxis Management Plans are kept in various locations in the school, including the school office, staff room and first aid room. Classroom teachers have the plan for any child in the class that is at risk of an anaphylactic reaction

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## Risk Minimisation and Prevention Strategies

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides a range of risk minimisation strategies for use.

| Setting                | Considerations   |
|------------------------|--|
| Classroom              | <ul style="list-style-type: none"> <li>• Keep a copy of the students ASCIA Action Plan in the classroom.</li> <li>• Liaise with parents/guardians about food related activities ahead of time.</li> <li>• Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. If used, treat boxes should be clearly labelled.</li> <li>• Never give food from outside sources to a student who is at risk of anaphylaxis.</li> <li>• Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy.</li> <li>• Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).</li> <li>• Have regular discussions with students about the importance of washing hands, eating their own food and not sharing or swapping food.</li> <li>• Tables should be regularly wiped down.</li> <li>• Casual/relief teachers should be provided with a copy of students' ASCIA Action Plans, and made aware of the School's Management Policy.</li> </ul> |
| Canteen/ Lunch service | <ul style="list-style-type: none"> <li>• The school's food service provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling.</li> <li>• With permission from parents/guardians, canteen staff (including volunteers) should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. If practical, with permission from parents/guardians, the students name, photo and the foods they are allergic to will be displayed in the canteen as a reminder to canteen staff.</li> <li>• Liaise with parents/guardians about food for the student.</li> <li>• Particular foods are not banned but some foods are not stocked eg. Nutella and foods that are high in peanut or tree nut content.</li> <li>• Products labelled 'may contain traces of peanuts/tree nuts' are not served to students known to be allergic to peanuts/tree nuts.</li> <li>• Canteen staff need to be aware of the potential for cross contamination when storing, preparing, handling or displaying food.</li> <li>• Surfaces to be wiped clean regularly</li> </ul>   |
| School Yard            | <ul style="list-style-type: none"> <li>• Sufficient School Staff on yard duty are trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.</li> <li>• The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff are aware of their exact location.</li> <li>• A communication Plan is in place, so that information and an autoinjector can be accessed quickly in case of a reaction occurring in the school yard. Also, so that backup staff can assist with the situation.</li> <li>• Staff on yard duty have photographs of at risk students in the yard duty folder.</li> </ul>   |

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|   | <ul style="list-style-type: none"> <li>• Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear closed shoes and long-sleeved garments when outdoors.</li> <li>• Keeping Lawns and clover mowed, and outdoor bins covered.</li> <li>• Students encouraged to keep food and drink covered when outdoors.</li> </ul>  |
| <p>On site Special events eg. Sports, incursions, class parties, school fair etc.</p> | <ul style="list-style-type: none"> <li>• For special occasions, class teachers will consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student.</li> <li>• Parents/guardians of other students need to be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies.</li> <li>• Party balloons should not be used if a student is allergic to latex.</li> <li>• Latex swimming caps should not be used by a student who is allergic to latex.</li> <li>• Staff know where the adrenaline autoinjector is located and how to access if it required.</li> <li>• Staff should avoid using food in activities or games, including rewards.</li> <li>• For sporting events, it may be appropriate to take the student's adrenaline autoinjector to the oval. If the weather is warm, the autoinjector should be stored in an Esky to protect it from the heat.</li> </ul>  |
| <p>Off-site events – excursions, field trips</p>                                      | <ul style="list-style-type: none"> <li>• The student adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.</li> <li>• One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector will accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.</li> <li>• Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.</li> <li>• Staff should be aware of the location of hospitals and medical clinics in the vicinity of the excursion/ field trip.</li> <li>• The school will consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required).</li> <li>• Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student.</li> <li>• Consider the potential exposure to allergens when consuming food on buses.</li> </ul> |
| <p>Off-site school settings – camps and remote settings</p>                           | <ul style="list-style-type: none"> <li>• When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.</li> <li>• Campsites/accommodation providers are advised in advance of any student with food allergies.</li> <li>• Staff liaise with parents/guardians to develop alternative menus or allow students to bring their own meals.</li> <li>• Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts.</li> <li>• Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.</li> <li>• The student's adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken on camp.</li> </ul>  |

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|  | <ul style="list-style-type: none"><li>• A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.</li><li>• Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.</li><li>• Be aware of what local emergency services are in the area and how to access them.</li><li>• The adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit.</li><li>• Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants if possible.</li><li>• Cooking and art and craft games should not involve the use of known allergens.</li><li>• Consider the potential exposure to allergens when consuming food on buses and in cabins.</li><li>• The same preventative measures that are used at school should also be applied if possible.</li><li>• The schools may consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.</li></ul> |
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## School Management and Emergency Response

In response to the potential of at risk students of having a life threatening anaphylactic reaction, the school undertakes the following in order to:

- maintain a preparedness for any critical incident in relation to anaphylaxis, and to
- offer appropriate support to any student that may suffer an adverse reaction.

### School Management Plan

1. The school administration staff maintain updated information on each student that is at risk of suffering an anaphylactic reaction to a given stimulus.
2. The school administration staff ensure that autoinjection devices are current, correctly labelled and stored where they can be accessed quickly if needed.
3. The Individual Anaphylaxis Management Plans are made available to all personnel that need to have the information, by locating them in the office, the first aid room, staff room and in classrooms.
4. When students are involved in off site school activities, Individual Anaphylaxis management Plans are taken to the activity by the Teacher in charge of the activity.
5. Risk minimisation and prevention strategies devised by the school are implemented by teachers in all activities.
6. Autoinjectors are stored in a location that is accessible in the school, and are taken to any off site activities by the teacher in charge of the activity.
7. The principal ensures that there sufficient numbers of staff that are trained in Anaphylaxis Management, within the past three years, in attendance at any given activity (on site or off site) involving a student or students at risk of an anaphylactic reaction.
8. In the event that a student suffers an anaphylactic reaction, attending staff must follow the emergency procedures outlined in the ASCIA Action Plan, together with the general first aid response.
9. The school has a communication Plan to ensure that appropriate information is disseminated to staff, parents, emergency teaching personnel and volunteers, other service providers connected with the school and to students.
10. The school facilitates staff professional learning through offering Training in Anaphylaxis Management, e-learning module annually and twice a year staff undertake briefings in the use of autoinjectors and on issues of Anaphylaxis Management in the school

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## School Emergency Response Plan

Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

### **Plan for Response to a severe Anaphylactic Reaction observed in a student:**

**Severe allergic reaction may include**

- Difficult/ noisy breathing
- Swelling of tongue
- Difficulty talking and /or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young Children) Ref: (ASCIA Plan)

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| <b>In all situations</b>                                    | <ol style="list-style-type: none"> <li>1. If safe to do so, lay the person flat , do not allow patient to stand or walk.<br/>If breathing is difficult allow patient to sit</li> <li>2. Administer EpiPen/ EpiPen Jr /AnaPen or prescribed adrenaline autoinjector</li> <li>3. Phone ambulance 000 (112 – mobile)</li> <li>4. Phone family/emergency contact</li> <li>5. Further adrenaline doses may be given if no response after 5 minutes (if another autoinjector is available)</li> </ol> <p><b>If in doubt, give adrenaline autoinjector. REF: ( ASCIA Plan)</b></p>   |
| <b>Teachers in classroom</b>                                | <p>Raise the alarm and call for back up immediately from the nearest teacher, stay with the patient and lay patient flat. Call for ambulance if possible. Check patient's Individual Action Plan for specific instructions.</p> <p>Nearest teacher to send for or go for the patient's autoinjector (as well as the school's autoinjector for General Use) and for back up staff.</p> <p>Backup:</p> <ul style="list-style-type: none"> <li>• A teachers or teachers from the Learning Area to take charge of other students</li> <li>• Back up personnel to bring patient's autoinjector ( and copy of ASCIA Individual Action Plan) which is administered immediately by a trained person if available, otherwise by a staff member in attendance.</li> <li>• Contact an ambulance if this has not been done and make contact with the family</li> <li>• Ensure that there is a person sent out to the street to direct ambulance to the emergency site.</li> </ul> |
| <b>Teachers in on site activities, other than classroom</b> | <p>Same as above, but will rely on backup bringing the patient's Individual Action Plan if it is not available in the room where the severe anaphylactic reaction takes place.</p> <p>Note: Teachers may use an anaphylaxis Code card when working with students in different areas in the school, or outside of the building.</p>  |

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| <p><b>Yard Duty Teachers whilst on yard duty or supervision of students out side of the classroom.</b></p> | <p>The yard duty teacher must carry a Yard Duty folder that includes identifying photographs of students at risk of anaphylactic reactions. In the case of a student suffering an anaphylactic reaction in the school yard the teacher on duty should:</p> <p>Lay the patient flat.<br/>Check identity of the student from the folder and raise the alarm by alerting the nearest teacher in the yard or school, or the staff room/office if this is closer. Call for an ambulance if possible.<br/>Do not leave the patient.</p> <p><b>Back up:</b> When notification reaches the staff room/office – two or three people need to respond.</p> <p><b>One to collect the patient’s personal autoinjector</b>, and Management Plan as well as the Backup Autoinjector.<br/><b>One to take over yard duty or student group</b> from the teacher caring for the patient.<br/><b>One to call an ambulance</b> if this has not been done, and to call the patient’s family. Once the ambulance has been called, this staff member should go out into the street in order to direct the ambulance to the site of the emergency.</p> <p>As soon as the personal autoinjector reaches the patient, it should be administered immediately by a trained person if available, otherwise by a staff member in attendance.</p>   |
| <p><b>Out –of School Environments - Excursions and school camps</b></p>                                    | <p>Each individual camp and excursion requires risk assessment for each individual ‘at risk’ student attending . Emergency procedures will vary accordingly.</p> <p>A team of School Staff trained in anaphylaxis will attend each event, and appropriate methods of communication will be devised, depending on the size of excursion/camp/venue.</p> <p>In general:</p> <ul style="list-style-type: none"> <li>• The location of the autoinjector/s needs to be known at all times by all attending staff, and these should be kept close to activities that involve at risk students. ( For example, in a backpack)</li> <li>• There should be a mobile phone with the autoinjector so as to call an ambulance if required.</li> <li>• A pre excursion /camp risk assessment will include proximity of emergency services, and contacts for same.</li> <li>• Preparation for excursions and camps must include reference to the preventative measures for these activities.</li> </ul> <p>In the case of a student suffering an anaphylactic reaction during an excursion or school camp, teachers on duty should call on all attending staff for back up:</p> <p><b>One teacher to remain with the patient</b> and lay patient flat.<br/><b>One teacher to get the autoinjector and Individual Management Plan</b> and administer the autoinjector to patient.<br/><b>One teacher to Call an ambulance and call the school</b> – who will contact parents. This teacher will meet the ambulance at the entrance to the excursion/camp site and direct the ambulance to the emergency site. Depending on distances at camp sites, the staff may contact the camp managers to assist in directing the ambulance.<br/><b>Other staff</b> to take charge of the remaining students.</p> |

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## First-time reactions

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures. This should include immediately contacting an ambulance using 000. It may also include locating and administering an Adrenaline Autoinjector for General Use.

## Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident debriefing or counselling.

## Review of Procedures

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following review processes take place:

- The Adrenaline Autoinjector must be replaced by the Parent as soon as possible.
- The Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
- If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.
- The Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
- In view of the anaphylactic reaction, the school's processes should be reviewed in order to assess the response undertaken and to revise the Anaphylaxis Management Plan if necessary

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## Adrenaline Autoinjectors for General Use

This refers to devices that are purchased by the Principal for general use, as a back up to autoinjectors that are provided for individual students by parents.

The Principal will need to determine the **number** of additional Adrenaline Autoinjector(s) required. In doing so, the Principal should take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors (and the type) that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School including in the school yard, and at excursions, camps and special events conducted, organised or attended by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, and will usually expire within 12-18 months, and will need to be replaced at the School's expense either at the time of use or expiry, whichever is first.

The Principal will need to determine the **type** of Adrenaline Autoinjector to purchase for General Use. In doing so, it is important to note the following:

- Adrenaline Autoinjectors available in Australia are EpiPen® and Anapen®300;
- children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen®Jr or Anapen®150; and
- Adrenaline Autoinjectors are designed so that anyone can use them in an emergency

### When to use Adrenaline Autoinjectors for General Use

Adrenaline Autoinjectors for General Use will be used when:

- a student's prescribed Adrenaline Autoinjector does not work, is misplaced, out of date or has already been used; or
- when instructed by a medical officer after calling 000. (For example: In the case of a first time anaphylactic reaction)

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## Communication Plan

The Principal is responsible for ensuring that a Communication Plan is developed and implemented in order to provide information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

**School staff:** Training as outlined in following section, and regular discussions about the management and care of students at risk.

New staff, casual staff and volunteers will be informed of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and inducted with regard to the school's procedures and their roles in responding to anaphylactic reaction by a student in their care.

**Students:** Will be educated with respect to the needs of students in their class, or the school, who have specific medical conditions. Awareness and consideration are important, as it is very likely that peers may be the first to recognize adverse symptoms in other students.

**Parents:** The school will maintain ongoing regular and open discussions with parents of students at risk of an anaphylactic reaction. This is to ensure that prevention strategies are developed and constantly reviewed.

The school will also raise awareness of the general parent body, so as educate people about the needs of students at risk and promote supportive habits in the school.

The school will devise a plan of response not only for staff who have responsibility for the care of at risk students, but for the roles and responses of other people in the vicinity eg. Students, parents. The above needs to apply to the school site and to out of school activities.

## Staff Training

The school has two appointed Anaphylaxis Trainers who undertake full training regarding the management of anaphylaxis in the school. The principal ensures that two appointed trainers receive updated training as required.

It is the role of the trainers to provide briefings to staff twice yearly on the following:

- the School's Anaphylaxis Management Policy;
- causes, symptoms and treatment of anaphylaxis;
- the identities of students diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located;
- how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector;
- the School's general first aid and emergency response procedures; and
- the location of, and access to, Adrenaline Autoinjectors that have been provided by Parents or purchased by the School for general use.

Trainers are also responsible for verifying competencies that all staff learn from the mandatory annual e-learning sessions on anaphylaxis.

All staff undertake an annual e-learning module on anaphylaxis including a practical component. On completion of the module, staff receive a certificate of participation. The practical component is verified by the school trainers and the trainers give staff a Verified Observation Checklist to indicate that the module has been completed by the staff member.

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## Risk Management Checklist

The Principal must complete an annual anaphylaxis Risk Management Checklist to monitor the school's compliance with legal obligations.

The School's annual Risk Management Checklist for anaphylaxis contain questions relating to the following:

- background information about the School and students identified at risk of anaphylaxis;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans;
- storage and accessibility of Adrenaline Autoinjectors;
- prevention strategies used by the School to minimise the risk of an anaphylactic reaction;
- School's general first aid and emergency response procedures for when an allergic reaction occurs at all on-site and off-site School activities; and
- communication with School Staff, students and Parents

A template of an annual checklist can be found at Appendix 4. of the Guidelines or can also be downloaded from

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

This Draft Policy incorporates the requirements of Ministerial Paper 706. The implementation of the policy will be a process of trialling and refining the above procedures to ensure that they are practical and effective for our school environment.

### **Evaluation:**

This policy will be reviewed annually as part of the schools review cycle.

Updated: 2018

Review: 2022 or sooner if required.

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